



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



CONFIRMATION NO. 5998

Bib Data Sheet

| | | | | |
|-----------------------------|--|--------------|------------------------|-----------------------------------|
| SERIAL NUMBER 09/900,355 | FILING OR 371(c) DATE 07/06/2001 RULE | CLASS 424 | GROUP ART UNIT 1633 | ATTORNEY DOCKET NO. PHO-122 |
|-----------------------------|--|--------------|------------------------|-----------------------------------|

APPLICANTS

H. Craig Dees, Knoxville, TN;
 Timothy C. Scott, Knoxville, TN;

** CONTINUING DATA *****

This appln claims benefit of 60/218,464 07/14/2000
 and is a CIP of 09/130,041 08/06/1998 ABN
 and is a CIP of 09/635,276 08/09/2000 ABN
 which is a CIP of 09/216,787 12/21/1998 PAT 6,331,286
 This application 09/900,355
 is a CIP of 09/799,785 03/06/2001 PAT 7,390,668

264
11/10/98

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/23/2001

| | | | | | |
|---------------------------------|---|------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed | <input type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY TN | SHEETS DRAWING 4 | TOTAL CLAIMS 33 | INDEPENDENT CLAIMS 7 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged | Examiner's Signature | Initials | | | |

ADDRESS

COOK, ALEX, McFARRON, MANZO,
 CUMMINGS & MEHLER, LTD.
 Suite 2850
 200 West Adams St.
 Chicago, IL60606

TITLE

MEDICAMENTS FOR CHEMOTHERAPEUTIC TREATMENT OF DISEASE

| | | |
|-----------------------------|---|---|
| FILING FEE RECEIVED 1694 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|-----------------------------|---|---|